

EXHIBIT C



Group Term Life Insurance Beneficiary Designation

- This form **MUST** be signed before you return it. See "SECTION IV - Signature" on page 3.
- You can update your designation by using the on-line beneficiary web site at <https://mybenefits.metlife.com>.

SECTION I - Insured Information

Customer Number 983200	Employer Name/Group Policyholder Name General Motors		
First Name Kenneth	Middle Name R.	Last Name Henke	
Address - Street 2035 Huff Rd	City Johannesburg	State MI	ZIP Code 49751
Date of Birth 12/4/34	Phone Number [REDACTED]	SSN [REDACTED]	

SECTION II - Plan Information

I elect that the beneficiary designation shown on this form apply only to the plans insured by MetLife that I have indicated below:

- ☒ All group term life coverage OR ☐ Basic Life ☐ Optional Life
currently in effect ☐ Personal Accident

SECTION III - Beneficiary Information

- You **MUST** designate at least one primary beneficiary. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST** equal 100%. The sum of the Contingent Beneficiary percentages **MUST** equal 100%. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

Please complete the section that pertains to the type of beneficiary you are designating.

☒ A. Individual Beneficiaries

Primary Beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name Susan	Middle Initial D	Last Name SAWYER		Share: % 100
Address - Street 264 West Ross Ct	City Highland	State MI	ZIP Code 48357	
Relationship to Employee Friend	Social Security Number [REDACTED]	Date of Birth [REDACTED]	Phone Number [REDACTED]	
First Name	Middle Initial	Last Name		
Address - Street	City	State	ZIP Code	Share: %
Relationship to Employee	Social Security Number	Date of Birth	Phone Number ()	
First Name	Middle Initial	Last Name		
Address - Street	City	State	ZIP Code	
Relationship to Employee	Social Security Number	Date of Birth	Phone Number ()	Share: %
First Name	Middle Initial	Last Name		
Address - Street	City	State	ZIP Code	
Relationship to Employee	Social Security Number	Date of Birth	Phone Number ()	

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Contingent Beneficiary - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First Name Sheryl	Middle Initial A	Last Name Fisher		Share: % 100	
Address - Street 25814 Ryan Rd.		City Warren	State M		ZIP Code 48091
Relationship to Employee Daughter	Social Security Number [REDACTED]	Date of Birth [REDACTED]	Phone Number [REDACTED]		
First Name	Middle Initial	Last Name			Share: %
Address - Street		City	State	ZIP Code	
Relationship to Employee	Social Security Number	Date of Birth	Phone Number ()		

☐ **B. Living Trust** - ☐ Primary ☐ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust Name		Trust Date	Trustee Phone Number ()		Share: %
Trustee - First Name	Middle Initial	Last Name			
Trustee Address - Street		City	State	ZIP Code	

☐ **C. Testamentary Trust Created in the Insured's Will** - ☐ Primary ☐ Contingent

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

Share: %

☐ **D. Insured's Estate** - ☐ Primary ☐ Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

☐ **E. Charity/Organization** - ☐ Primary ☐ Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

Charity/Organization Name		Phone Number ()		Share: %
Address - Street	City	State	ZIP Code	

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SECTION IV - Signature

- ☐ Check if you are completing and signing this form as agent for the employee under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section III as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner Name (Please Print)

Kenneth Richard Henke

Date (must be date form was completed)

Insured/Owner Signature

Kenneth Richard Henke 8/21/14

How to Submit This Form

Return this signed and completed form in the enclosed envelope and retain a copy for your records.

Mailing Address: MetLife Recordkeeping & Enrollment Services, P.O. Box 14406, Lexington, KY 40512-4406

Phone Number: 1-800-489-4646

Please note: You MUST return all pages of this form.